

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759962

1. Entity Name

COURTYARD SQUARE MEDICAL CENTER CONDOMINIUM ASSO
CIATION, INC.

Principal Place of Business

13701 BRUCE B. DOWNS BLVD.
SUITE 111
TAMPA FL 33613

Mailing Address

13701 BRUCE B. DOWNS BLVD.
SUITE 111
TAMPA FL 33613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2445555

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOFFMAN, RICHARD A PHD
13701 BRUCE B. DOWNS BLVD.
SUITE 111
TAMPA FL 33613

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

~~FEE~~ NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HOFFMAN, RICHARD A
STREET ADDRESS 13701 BRUCE B. DOWNS BLVD., #111
CITY-ST-ZIP TAMPA FL 33613

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SCHULAK, DAVID
STREET ADDRESS 3000 FLETCHER AVE.
CITY-ST-ZIP TAMPA FL 33613

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME GELPI, MARGARITE
STREET ADDRESS 13701 BRUCE B. DOWNS BLVD.
CITY-ST-ZIP TAMPA FL 33613

☐ Delete

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CITY-ST-ZIP

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02

Date

813-977-2124

Daytime Phone #

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90016 001 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)